



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

**APPLICATION FOR A ZONING INSPECTION PERMIT FOR BED AND
BREAKFAST ESTABLISHMENTS**

Submittal of this form with **original signatures is required.** *PLEASE PRINT OR TYPE (Unless otherwise indicated.)*

Business Name: _____

Address of the Subject Property
(including suite #): _____

Description of the Proposed Use: _____

Are any site alterations or any alterations to the building's exterior or interior planned or underway in connection with this use (or were any alterations done)? ☐ No ☐ Yes Please describe :

Name and Title of Business Owner (Applicant): _____

Mailing Address : _____

E-mail address

Telephone #

FAX #

The undersigned hereby applies for a Zoning Inspection Permit for a Bed and Breakfast Establishment under the provisions of § 78-202.9 and § 78-402.7(d) of the Herndon Town Code.

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*

Signature of Business Owner (Applicant)

Date

Name and Title of Property Owner or Agent: _____

Mailing Address of Property Owner or Agent: _____

E-mail address

Telephone

FAX #

**APPLICATION FOR A ZONING INSPECTION PERMIT FOR BED AND BREAKFAST
ESTABLISHMENTS - continued**

Date of Approval of the Special Exception by the Town Council: _____

Date of issuance of Certificate of Occupancy by the Building Official: _____

Date(s) of Site Inspection(s): _____

Signature and Authorization of Zoning Administrator

Date

TO BE SUBMITTED WITH THIS APPLICATION

_____ A statement from the landowner(s) authorizing an agent to act on their behalf (if applicable);

_____ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);

_____ Application fee;

_____ Fees for review and inspection (where applicable - See User Guide #23, *Fee Schedule*).

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Business and Occupational License #:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent

**Distribution
after
approval:**

Applicant

Community
Development

Fire
Department

Finance